

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 04/14/03.

I. DISPUTE

Whether there should be reimbursement for CPT codes listed below for dates of service 09/11/02 through 11/27/02.

II. FINDINGS

CPT codes 97545-WH and 97546-WH for the dates of service 10/31/02 through 11/27/02, have been withdrawn per the requestor indicating payment has been made per letter dated 03/31/04 and will not be reviewed.

III. RATIONALE

The carrier denied services as "T-214-Not according to Treatment Guidelines-The charge exceeds the scheduled value and/or time parameters that would appear reasonable. F-Reduced according to Fee Guidelines".

Per the MFG MGR (I)(E)(2)(a) FCEs shall be reimbursed at \$100.00 per hour for a maximum of 5 hours, \$500.00 for the initial and two hours \$200.00 for an interim and/or discharge test. Documentation includes the start and end time for the FCE. Requestor submitted relevant documentation that supports the delivery of services, but documentation does not support the start and end time of the FCE as required per the MFG. Therefore, additional reimbursement is not recommended for the date of service 09/11/02.

Dates of service 10/31/02, 11/07/02, 11/14/02 and 11/22/02 for CPT code 99213, requestor billed \$48.00 for each visit, the carrier made no payment and were denied by the carrier not according to Treatment Guidelines. The denial of "T", is no longer valid and cannot be used to reduce or deny payment per Advisory 2002-11. Therefore, reimbursement is recommended for these dates of service in the amount of **\$192.00**.

IV. FINDINGS & DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT code 99213. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$192.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 31st day of March 2004.

Michael Bucklin
Medical Dispute Resolution Officer
Medical Review Division

MB/mb